OFFICE OF THE SECRETARY OF STATE
DRIVER SERVICES DEPARTMENT

FIELD SERVICES
2701 S. DIRKSEN PKWY.
SPRINGFIELD, IL 62723
217-782-7044
www.cyberdriveillinois.com

50 HOUR CERTIFICATION / UNDER AGE 18 APPLICANT

I hereby certify that _____,
Applicant's Name
with Permit Number _____ has had a minimum of 50 hours of behind-the-wheel driving practice (at least 10 or more of those hours at night) and is sufficiently prepared and able to safely operate a motor vehicle. The 50 hours are in addition to the required hours that my son/daughter has spent with a driver education instructor. I understand that all 50 hours must be spent with someone age 21 or older who has been licensed for at least one year. I also understand that, as a parent/legal guardian, I am providing written consent permitting a minor under age 18 to apply for a driver's license, and that I may withdraw the consent at any time prior to the applicant's 18th birthday. Under penalties of perjury, I swear or affirm that all the information submitted by me regarding this certification is true and correct.

_____ _____
Signature and Driver's License Number of Parent, Legal Guardian or Other Responsible Adult — Date

The following chart may be used to record the 50 hours of driving practice. Please designate "D" (daytime hours) or "N" (nighttime hours) in the appropriate box below.

Date	Location of practice (e.g., highway, residential area)	Day or Night	Weather conditions	Time spent*	Initials of adult

* Total time spent practicing must equal a **MINIMUM OF 50 HOURS.**

Date	Location of practice (e.g., highway, residential area)	Day or Night	Weather conditions	Time spent*	Initials of adult

* Total time spent practicing must equal a **MINIMUM OF 50 HOURS.**

Printed by authority of the State of Illinois. June 2006 — 125M — DSD X 152.1